

Case Number:	CM15-0147889		
Date Assigned:	08/10/2015	Date of Injury:	12/05/2012
Decision Date:	09/08/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/29/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46 year old male, who sustained an industrial injury on 12-05-2012. He reported a slip and fall, landing on his right shoulder. The injured worker was diagnosed as having right shoulder posttraumatic osteoarthritis-rotator cuff partial tear-superseding frozen shoulder and adhesive capsulitis, suprascapular neuropathy, and cervicgia. His past medical history included hypercholesterolemia. Treatment to date has included diagnostics, physical therapy, right shoulder surgery in 7-2013, right shoulder injections, and medications. Currently, the injured worker complains of pain in his right shoulder radiating into the occipital-temporal aspect of the head, as well as the right upper back and right arm. His pain was rated 4 out of 10. Gastrointestinal complaints were not noted. His medications included Tramadol ER, Duloxetine, Naproxen, and Prilosec (gastrointestinal prophylaxis). The treatment plan included continued medications

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Prilosec 20mg, twice daily, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20mg, twice daily #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are right shoulder posttraumatic osteoarthritis/rotator cuff partial tear/ superseding frozen shoulder and adhesive capsulitis; super scapular neuropathy; and cervicgia. The date of injury is December 5, 2012. The request for authorization is dated July 14, 2015. The injured worker underwent rotator cuff repair with subacromial decompression July 9, 2013. The injured worker received extensive physical therapy. Subjectively, the injured worker has increased shoulder pain. According to the May 5, 2014 progress note, the injured worker takes Naproxen 550 mg, Tramadol ER and Prilosec. Prilosec was added for prophylaxis to reduce the risk of gastrointestinal events. There are no comorbid conditions or risk factors consisting of a history of peptic ulcer, bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Consequently, absent clinical documentation with comorbid conditions or risk factors for gastrointestinal events and documentation indicating Prilosec was added for prophylaxis purposes, Prilosec 20mg, twice daily #60 is not medically necessary.